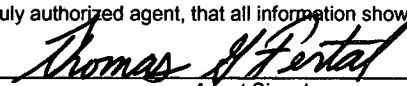
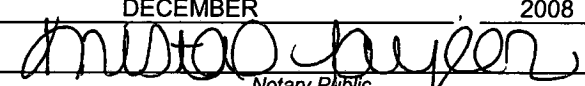


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>SAMUEL GARY JR &amp; ASSOCIATES, INC.</b>		License Number: <b>3882</b>	
Operator Address: <b>1560 BROADWAY, SUITE 2100 DENVER, CO 80202</b>			
Contact Person: <b>TOM FERTAL</b>		Phone Number: <b>(303) 831-4673</b>	
Permit Number (API No. if applicable): <b>15-159-22576-0000</b>		Lease Name: <b>ORTH-HADDON</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>1-5</b> Source Location (QQQQ): _____ - _____ - <b>S/2</b> - <b>N/2</b> Sec. <b>5</b> Twp. <b>19</b> S. R. <b>10</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>2130</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2640</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>RICE</b> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of Waste: <u>  5  </u> No. of loads <u>  400  </u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>  8/4/2008  </u>	
Operator Name: <u>  SAMUEL GARY JR. &amp; ASSOCIATES, INC.  </u>		License No. <u>  3882  </u>	
Lease Name: <u>  MATTHAEI TRUST 2-19 SWD  </u>		Sec. <u>  19  </u> Twp. <u>  18  </u> S. R. <u>  9  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No. <u>  D - 28897  </u>		County: <u>  RICE  </u>	

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**DEC 19 2008**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>  SR. GEOLOGIST  </u> for <u>  SAMUEL GARY JR &amp; ASSOCIATES  </u>	
(CO.), a duly authorized agent, that all information shown hereon is true	
and correct to the best of his / her knowledge and belief.	
Subscribed and sworn before me on this <u>  15<sup>TH</sup>  </u> day of _____	 _____ Agent Signature
My Commission Expires <u>  5/5/2009  </u>	 _____ Notary Public